MULTIPLE DEPENDENT CLAIM FEE CALCULATI HEET (FOR USE WITH FORM PTO-875)

10/535/45 uttlecarity

CLAIMS

	AS FILED		AFTER		AFTER MAINT				AS FILED		LED AFI		AFTER	
	IND.	DEP.	IND.		IND.				IND.	DEP.	IND.	DEP.	IND.	D
1	1							51						_
	1	17						52			ļ			_
3	1	1						53						-
4	1	1						54					!	
5		1					-	55			!			┝
6		1					-	56		 		 	}	-
7		1	 		ļ	<u> </u>	-	57			 			-
8	ļ	1-4-	ļ	<u> </u>	ļ	 	-	58		 		 		-
9	ļ	1					l -	59 60				 		1
10	 	1	 		!		-	61		-	i	 		
11_		1-1	ļ		!	ļ	-	62				1.		
12	 -	 / -	 				1 F	63				1		
13	ļ	 ',-					-	64						
14	 	 	 			}	ا. ا	65						T
16	1	1-5-	-	-	 		[66						
17	-	1-	 				1 1	67						
18	 	1-17	1		 		F	68	-					
19	 	1-1-						69						
20		1						70						
21	1	 						71						
22	 	1 /						72						
23		1						73						
24	 -	1.					-	74						
25	 	1				-	T	75.						
26 .				·			l	76						
27	1							77						
28		7					-	78						
29								79		7				
30		1						80						
31							. [81				No.		
32		6						82			•			
33		,						83						
34		1						84						
35	1						Г	85						
36								86						
37								87						
38		-						88						
39							. -	89						
40		1					Γ	90						
41								91						
42		-						92						
43								93						
44		1					Γ	94						
45	1							95						
46								96						
47							Γ	97						
48							-	98						
49								99						
50	-						F	100						
TOTAL	9	¥		V		V		TOTAL		¥		Y		1
BIG.		· · · · ·		1			-	IND.						
DEP.	110	4		4	•	4		DEP.		4		+		•
POTAL	Hn					10 B		TOTAL				9 17		173